Message to Plan Members

The Benefit Choice Period will be **May 1 through May 31, 2016**, for all members. Members include employees (full-time employees, part-time employees working 50% or greater and employees on leave of absence), annuitants, elected officials, survivors and COBRA participants. **Elections will be effective July 1, 2016.**

All Benefit Choice changes should be made on the Benefit Choice Election Form available on page 5 of this flyer and on the Benefits website at **www.benefitschoice.il.gov.** Members should complete the form **only if changes** are being made. Your unit Health Plan Representative (HPR) will forward the form to the LGHP for processing.

Members may make the following changes during the Benefit Choice Period:

- Change health plans.
- Add or drop dependent coverage.
- Elect to waive coverage. **The election to waive coverage will terminate the health, dental, vision and prescription coverage for the member and any covered dependents.**
- Re-enroll in the Program if previously waived.

It is each member's responsibility to know their plan benefits in order to make an informed decision regarding coverage elections. Members should carefully review all the information in this flyer to be aware of the benefit changes for the upcoming plan year.

- **Federal Healthcare Reform:** As a result of the Affordable Care Act (ACA), prescription coinsurance and copayments paid by members apply toward the annual out-of-pocket maximum, and once the maximum has been met, eligible medical, behavioral health and prescription drug charges will be covered at 100 percent for the remainder of the plan year. The out-of-pocket maximum amount for each type of health plan varies and is outlined on page 16 of the Benefit Choice Options book.
- **CVS/caremark** is the prescription benefit manager (PBM) for the Local Care Health Plan (LCHP), the Local Consumer-Driven Health Plan (LCDHP), HealthLink OAP and Coventry OAP. CVS/caremark has an extensive network of more than 68,000 pharmacies, including independent pharmacies and chain pharmacies, such as Walgreens, Walmart and Target, as well as CVS. For a complete list of pharmacies, go to the CVS/caremark website or contact the customer service number.

Basic Insurance Terms Explained

What is an Insurance Premium? Insurance premiums are the deductions taken out of your paycheck for your part of the insurance cost.

What is a Copayment? A **copayment** (or copay) is a fixed-dollar amount that you pay each time you have certain medical visits such as to an emergency room, or for certain procedures, such as physical therapy.

What is a Deductible? The **deductible** is the amount that you must pay toward your medical expenses before your plan will pay for any nonpreventive services.

What is Coinsurance? Coinsurance is your share of the cost for a covered service, calculated as a percentage of the allowed amount for the service. You pay coinsurance after you've met your deductible.

What is an Out-of-Pocket (OOP) Maximum? The **OOP** maximum is the most you will pay for eligible medical services and prescription drugs in a plan year. Once you meet your OOP maximum, the plan will pay 100% of eligible services. Coinsurance, copayments and deductibles all apply toward your out-of-pocket maximum.

Health Plan Descriptions

There are several health plans available based on geographic location. All plans offer comprehensive benefit coverage. Health maintenance organizations (HMOs) have limitations including geographic availability and defined provider networks, whereas the two open access plans (OAPs), the Local Consumer-Driven Health Plan (LCDHP) and the Local Care Health Plan (LCHP) have nationwide networks of providers available to their members.

Local Consumer-Driven Health Plan (LCDHP)

The Local Consumer-Driven Health Plan (LCDHP) is a benefit option often referred to as a high-deductible health plan which requires members to be more responsible for managing their healthcare including how they spend their healthcare dollars. LCDHP is administered by Cigna and offers a comprehensive range of benefits including a nationwide network of physicians, hospitals and ancillary providers. The plan design offers both in- and out-of-network benefits; however, utilizing in-network providers will result in cost savings to the member. Notification to Cigna, the LCDHP notification administrator, is required for certain medical services in order to avoid penalties. Contact Cigna at (800) 962-0051 for direction.

Members interested in more information regarding the LCDHP benefit levels should refer to page 14 of the Benefit Choice Options book. Plan highlights are listed below:

- An annual collective plan year deductible (includes medical and pharmacy) applies to all nonpreventive medical services, nonpreventive prescriptions and behavioral health services.
- There are two plan year deductibles, one for in-network and one for out-of-network. Each plan year deductible (i.e., in-network vs. out-of-network) is exclusive and separate from the other.
- Members with one or more dependents on their coverage must satisfy the family annual plan year deductible before services will be covered at the plan's benefit levels of 90% in-network and 70% out-of-network.
- Preventive medical services obtained through an in-network provider are covered at 100% and are not subject to the annual plan year deductible. Preventive medical services obtained out-of-network are not covered.
- Preventive medications are covered at the applicable coinsurance level and are not subject to the annual plan year deductible.
- The plan has two out-of-pocket maximums, one for all eligible in-network services and one for all eligible out-of-network services. Each out-of-pocket maximum (i.e., in-network vs. out-of-network) is exclusive and separate from the other. Plan coinsurance and deductibles are applied to the out-of-pocket maximums. Benefits will be paid at 100% up to the allowed charges after the applicable out-of-pocket maximum has been met.

The LCDHP currently utilizes Magellan for behavioral health benefits and CVS/caremark for prescription benefits.

Local Care Health Plan (LCHP)

LCHP is the medical plan that offers a comprehensive range of benefits. Under the LCHP, plan participants can choose any provider for medical services; however, plan participants receive enhanced benefits, resulting in lower out-of-pocket costs when receiving services from a LCHP network provider.

Managed Care Plans

- Health Maintenance Organizations (HMOs)

  Members who select an HMO plan must select a primary care physician (PCP) from a network of participating providers. The PCP will direct all healthcare services and will make referrals for specialists and hospitalizations. When care and services are coordinated through the PCP, only a copayment will apply. There are no annual plan deductibles for medical services obtained through an HMO.

- Open Access Plans (OAPs)

  Open access plans combine similar benefits of an HMO with the same type coverage as a traditional health plan. Members who elect an OAP will have three tiers of providers from which to choose. The benefit level is determined by the tier in which the healthcare provider is contracted. Members enrolled in an OAP can mix and match providers and tiers.

Additional plan design information is available on the Benefits website or in the plan administrator's SPD.

Health Plan Comparison

Benefit	LCHP		LCDHP		HMO	OAP Tier I (in-network)	OAP Tier II (in-network)	OAP Tier III (out-of--network)
Patient Responsibilities								
Annual Out-of-Pocket Maximum	In-Network	Out-of-Network	In-Network	Out-of-Network				
Per Enrollee	$1,750	$4,750	$3,000	$6,000	$3,000 per enrollee	$6,250 (Tier I and Tier II combined)		Not applicable
Per Family	$3,500	$9,500	$6,000	$12,000	$6,000 per family/plan year	$12,750 (Tier I and Tier II combined)		Not applicable
Annual Plan Deductible*								
Per Enrollee	$750 per enrollee		$1,500	$3,000	Not applicable	Not applicable	$300 per enrollee	$500 per enrollee
Per Family	$750 per enrollee		$3,000	$6,000			$300 per enrollee	$500 per enrollee
Plan Benefit Levels Comparison								
	In-Network	Out-of-Network	In-Network	Out-of-Network				
Emergency Room	90% of network charges after $400 per visit	90% of allowable charges after $400 per visit	90% of network charges	70% of allowable charges	$200	$200	$200	$200
Preventive Services including immunizations	100%	60% of allowable charges	100%	No coverage	100%	100%	100%	Covered under Tier I and Tier II only
Inpatient	90% of network charges after $250 per visit	60% of allowable charges after $500 per visit	90% of network charges	70% of allowable charges	$250 copayment	$250 copayment	90% of network charges after $300 copayment	80% of allowable charges after $400 copayment
Outpatient Surgery	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	$200 copayment	$200 copayment	90% of network charges after $200 copayment	80% of allowable charges after $200 copayment
Diagnostic Lab and X-ray					100%	100%	90% of network charges	80% of allowable charges
Durable Medical Equipment					80% of network charges	80% of network charges	80% of network charges	80% of allowable charges
Physician Office Visit					$30 copayment	$30 copayment	90% of network charges	80% of allowable charges

* The annual plan deductible must be met before benefit levels will be applied.

Note: Network charges are the amount the plan determines is the appropriate charge for a covered service. **Allowable Charges** are applied to services when a member utilizes an out-of-network provider. Members who use out-of-network providers should contact their health plan administrator for information regarding out-of-network charges before obtaining services.

Map of Health Plans by Illinois County

July 1, 2016 through June 30, 2017

Refer to the code key below for the health plan code for each plan by county.

BlueAdvantage HMO. . . . CI
Coventry HMO. . . . . AS
Coventry OAP . . . . . CH
Health Alliance HMO. . . AH
HealthLink OAP. . . . . CF
HMO Illinois. . . . . BY
Local Care Health Plan (LCHP). D3
Local Consumer-Driven Health Plan (LCDHP) D9

AH, AS, BY, CF, CH, CI, D3, D9

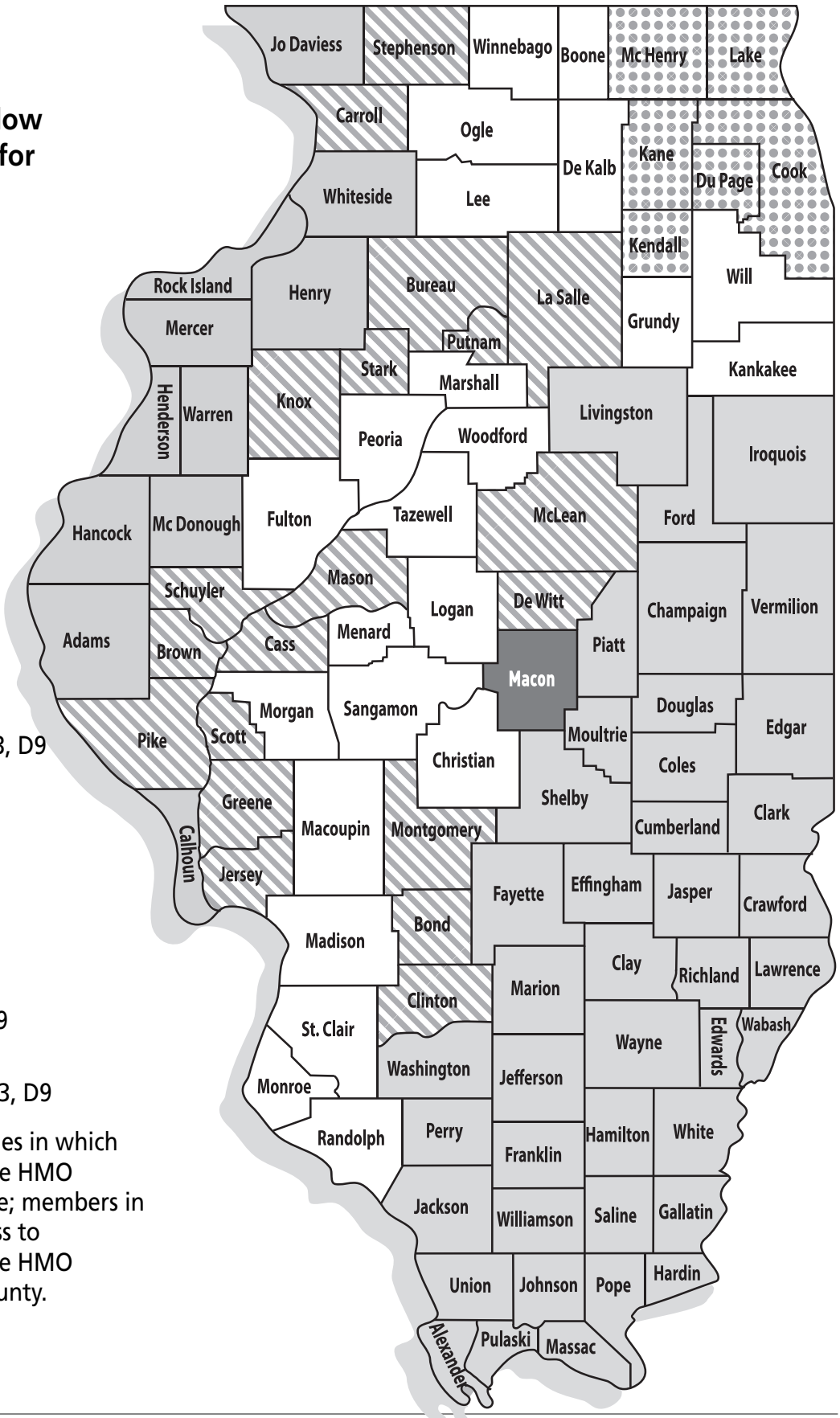
BY, CF, CH, CI, D3, D9

AH, AS, CF, CH, D3, D9

AH, AS, CF, CH, CI, D3, D9

AH, AS, BY, CI, CH, CF, D3, D9

Striped areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; members in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county.



LOCAL GOVERNMENT HEALTH PLAN (LGHP)

BENEFIT CHOICE ELECTION FORM

Enrollment Period May 1, 2016 through May 31, 2016

Complete This Form Only If Changing Your Benefits

SECTION A: MEMBER INFORMATION

Last Name:	First Name:	
Primary Phone #:	Alternate Phone #:	
Email Address:		SSN: — —

SECTION B: HEALTH PLAN ELECTION (complete only if changing health plans)

Health Plan Election *

Elect One:

- ☐ Local Care Health Plan (LCHP)
- ☐ Local Consumer-Driven Health Plan (LCDHP)
- ☐ Open Access Plan (OAP)
- ☐ Health Maintenance Organization (HMO)

If you selected an HMO or an OAP, you must complete the following:

Carrier Name: _____

Carrier Code (2 characters): _____

If you elected an HMO, also complete the field below:

National Provider Identifier (NPI) (10 digits required):

_____

(NPI's can be found on the health plan's website)

If you elected HMO Illinois or BlueAdvantage HMO, you must complete the following:

Medical Group # (3 digits) _____

* If you have another health insurance plan, including Medicare, you must give a copy of you and/or your dependent's other insurance card to your HPR. The copy must include the front and back of the card.

SECTION C: DEPENDENT INFORMATION [1] (dependents will be enrolled with the same coverage that you have)

HEALTH A (Add) D (Drop) C (Change)			Name	SSN (REQUIRED)	Birth Date	Relationship [2]	Sex (M/F)	National Provider Identifier (HMOs only) If HMO IL or BlueAdvantage HMO add 3-digit Medical Group # ⇨	Medical Group Number
A	D	C							

Note: [1] Documentation required to add dependents – see specific documentation requirements on the instruction sheet.

[2] Relationship categories are on the instruction sheet.

This authorization will remain in effect until I provide written notice to the contrary. The information contained in this form is complete and true. I agree to abide by all Local Government Health Plan rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected.

MEMBER SIGNATURE: _____ DATE: _____

HPR SIGNATURE: _____ DATE: _____

Give completed form to your unit's HPR no later than May 31, 2016!

BENEFIT CHOICE ELECTION FORM
INSTRUCTION SHEET

If you are keeping your current coverage elections you do not need to complete the Benefit Choice Election Form.

SECTION A – MEMBER INFORMATION
Complete all fields.

SECTION B – HEALTH PLAN ELECTION
If you wish to **change your health** plan you must check the Local Care Health Plan (LCHP), the Local Consumer-Driven Health Plan (LCDHP), the OAP or the HMO box. If **electing/changing to either an HMO or OAP plan**, you must enter the HMO or OAP's carrier code (see map for carrier codes) and the plan's name. If you are electing an HMO, you must also enter the National Provider Identifier (NPI) associated with your Primary Care Physician (PCP)*. NPI's are located in the HMO plan's online directory (available on the plan administrator's website) and are 10 digits in length. If you elect HMO Illinois or BlueAdvantage HMO you will also need to enter the 3-digit medical group number.

Do not complete this section if you only want to change your primary care physician (PCP) – you must contact your managed care plan directly in order to make this change.

SECTION C – DEPENDENT INFORMATION
Complete this section if you are (1) changing your health plan to an HMO, or (2) adding or dropping dependent health coverage. If your dependents are already enrolled and you are only changing your health plan to LCHP, LCDHP or one of the OAP plans you do not need to complete this section. If you are adding dependent health coverage, you must also provide the appropriate documentation as indicated below:

Spouse or Civil Union Partner	Marriage certificate or civil union partnership certificate.
Natural Child through age 25	Birth certificate.
Stepchild or civil union partner's child through age 25	Birth certificate indicating your spouse/civil union partner is the child's parent and a marriage/civil union partnership certificate indicating the child's parent is your spouse/civil union partner.
Adopted Child through age 25	Adoption certificate stamped by the circuit clerk.
Adjudicated Child/Legal Guardianship through age 25	Court documentation signed by a judge.
Adult Veteran Child (IRS/non-IRS) through age 29	Birth certificate (if not already on file), Eligibility Certification Statement (CMS-138)** and documentation as indicated on the 'Documentation Requirements' page of the Eligibility Certification Statement.
Disabled age 26 or older	
Other (organ transplant recipient)	

Dependent documentation must be submitted to your HPR within 10 days of the end of the Benefit Choice Period.
If documentation is not provided within the 10-day period, your dependents will not be added.

SIGNATURE
You must sign and date the Benefit Choice Election Form and give to your HPR no later than **May 31, 2016**, in order for your elections to be effective July 1, 2016.

* A Primary Care Physician (PCP) is a family practice, general practice, internal medicine, pediatrician (children) or an OB/GYN (women) physician.

** The Eligibility Certification Statement (CMS-138) is available on the Benefits website at **www.benefitschoice.il.gov**.

Federally Required Notices

Notice of Creditable Coverage

Prescription Drug Information for LGHP Medicare Eligible Plan Participants

This Notice confirms that the Local Government Health Plan has determined that the prescription drug coverage it provides is creditable. This means that your existing prescription coverage is on average as good as or better than the standard Medicare prescription drug coverage (Medicare Part D). You can keep your existing group prescription coverage and choose not to enroll in a Medicare Part D plan. Unless you qualify for low-income/extra-help assistance, you should not enroll in a Medicare Part D plan.

With this Notice of Creditable Coverage, you will not be penalized if you later decide to enroll in a Medicare prescription drug plan. However, you must remember that if you drop your group coverage through the LGHP and experience a continuous period of 63 days or longer without creditable coverage, you may be penalized if you enroll in a Medicare Part D plan later. If you choose to drop your LGHP coverage, the Medicare Special Enrollment Period for enrollment into a Medicare Part D plan is two months after the loss of creditable coverage.

If you keep your existing group coverage, it is not necessary to join a Medicare prescription drug plan this year. Plan participants who decide to enroll into a Medicare prescription drug plan; however, may need a personalized Notice of Creditable Coverage in order to enroll into a prescription plan without a financial penalty. Participants who need a personalized Notice may contact the State of Illinois Medicare Coordination of Benefits Unit at (800) 442-1300 or (217) 782-7007.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

Under the Affordable Care Act, health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about a health plan's benefits and coverage. The regulation is designed to help you better understand and evaluate your health insurance choices.

The forms include a short, plain language Summary of Benefits and Coverage (SBC) and a uniform glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment."

All insurance companies and group health plans must use the same standard SBC form to help you compare health plans. The SBC form also includes details, called "coverage examples," which are comparison tools that allow you to see what the plan would generally cover in two common medical situations. You have the right to receive the SBC when shopping for, or enrolling in, coverage or if you request a copy from your issuer or group health plan. You may also request a copy of the glossary of terms from your health insurance company or group health plan. All LGHP health plan SBC's are available on the Benefits website.

Notice of Privacy Practices

The Notice of Privacy Practices has been updated on the Benefits website effective July 1, 2015. You have a right to obtain a paper copy of this Notice, even if you originally obtained the Notice electronically. We are required to abide with terms of the Notice currently in effect; however, we may change this Notice. If we materially change this Notice, we will post the revised Notice on our website at **www.benefitschoice.il.gov**.

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Benefit Choice is May 1 - May 31, 2016

Benefit Choice Forms must be submitted to your Health Plan Representative (HPR) no later than Tuesday, May 31st!

If you do not want to change your coverage, you do not need to submit a form.

It is each member's responsibility to know their plan benefits and make an informed decision regarding coverage elections. The complete Benefit Choice Options booklet and Benefit Choice form can be found on the Benefits website at **www.benefitschoice.il.gov**

Go to the 'Latest News' section of the Benefits website at
www.benefitschoice.il.gov
for LGHP updates throughout the plan year.